

FILED OCT 29 1948

Registration District No. **150**

Primary Registration District No. **5572**

Registrar's No. **190**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Prarie Township**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jackson County Emergency Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **8 days**
(Specify whether years, months or days)
In this community **30 years**

3. (a) PRINT FULL NAME **Alma E. Moore**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Lewis M. Moore**
6. (c) Age of husband or wife if alive **Deceased** years
7. Birth date of deceased **December 13 1861**
(Month) (Day) (Year)

8. AGE: Years **86** Months **10** Days **3**
If less than one day hr. min.

9. Birthplace **Boonville, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housekeeper**

11. Industry or business **Self Employed**

MOTHER FATHER { 12. Name **Ludd Cramer**
13. Birthplace **Boonville, Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Elizabeth Shakelford**
15. Birthplace **Boonville, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Earl S. Moore**
(b) Address **329 East Walnut, Indep. Missouri**
17. (a) **Burial** (b) Date thereof **10-18-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Lamine, Missouri**

18. (a) Signature of funeral director **Geo. C. Carson F. Home**
(b) Address **Independence, Missouri**

19. (a) **OCT. 18, 1948** (b) **Donald C. Earnshaw**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Independence**
(If outside city or town limits, write "RURAL")
(d) Street No. **329 East Walnut**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **16th.**
year **1948** hour **2** minute **0** P.M.

21. I hereby certify that I attended the deceased from **Oct. 8, 1948 to Oct. 16th, 1948**
that I last saw her alive on **Oct. 16th, 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Descending pyelonephritis** Duration

Due to

Due to **Diabetes mellitus**

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury
Signature **Donald C. Earnshaw** Date signed **10-17-48**
Address **Independence, Missouri**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Richard D. Mullins....., Registered Apprentice No. 268
working under my personal supervision.

Signed Charles F. Tyler.....

Licensed Embalmer No. 4534.....

P. O. Address Endicott Mo.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.